

A BRIEF EXPLANATION OF MEDICARE

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A brief explanation of Medicare

Medicare is a Federal health insurance program for people 65 or older, people of any age with permanent kidney failure, and certain disabled people. It is administered by the Health Care Financing Administration. Local Social Security Administration offices take applications for Medicare, assist beneficiaries in filing claims, and provide information about the program.

Medicare has two parts—hospital insurance and medical insurance. Hospital insurance helps pay for inpatient hospital care and certain followup care. Medical insurance helps pay for your doctor's services and many other medical services and items.

Hospital insurance is financed through part of the Social Security (FICA) tax. Voluntary medical insurance is financed from the monthly premiums paid by people who have enrolled for it and from general Federal revenues.

This leaflet explains how you get Medicare protection, provides a **summary** of Medicare benefits, and offers some advice about other health insurance.

Who is eligible for hospital insurance

You are eligible for Medicare hospital insurance at 65 if:

- you are entitled to monthly Social Security or railroad retirement benefits, **or**
- you have worked long enough to be insured under Social Security or the railroad retirement system, **or**
- you have worked long enough in Federal employment to be insured for Medicare purposes.

You are eligible before age 65 if:

- you have been entitled to Social Security disability benefits for 24 months, **or**
- you have worked long enough in Federal employment and meet the requirements of the Social Security disability program.

Under certain conditions, your spouse, divorced spouse, widow or widower, or dependent parents may be eligible for hospital insurance at age 65. Also, disabled widows or widowers under 65, disabled surviving divorced spouses under 65, and disabled children 18 or older may be eligible. For more information, contact a Social Security office.

You are eligible at any age if you need maintenance dialysis or a kidney transplant for permanent kidney failure **and:**

- you are insured or are getting

monthly benefits under Social Security or the railroad retirement system, or

- you have worked long enough in Federal employment.

Your wife, husband, or child may be eligible if she or he needs maintenance dialysis or a transplant. **Only** the family member who has permanent kidney failure is eligible for Medicare protection.

If you are entitled to a railroad disability annuity or railroad retirement benefit based on disability, contact a railroad retirement office to find out if you are eligible for hospital insurance.

How you get hospital insurance protection

Some people have to apply for hospital insurance protection before it can start. For others, hospital insurance protection starts automatically.

If you are nearing 65

You do not have to retire to have hospital insurance protection at 65. But if you plan to keep working, you will have to file an application for hospital insurance in order for your protection to begin. You should apply at a Social Security office about 3 months before you reach 65.

If you are receiving Social Security or railroad retirement checks, your hospital insurance protection will start automatically at 65.

If you are a Federal retiree who is eligible for Medicare on the basis of Federal employment, you will have to apply for hospital insurance in order for it to begin at 65. Contact a Social Security office about 3 months before your 65th birthday to file your application.

If you aren't eligible for hospital insurance at 65, you can buy it. The basic premium is \$214 a month in 1986. To buy hospital insurance, you also have to enroll and pay the monthly premium for medical insurance. You can apply at any Social Security office.

If you are disabled

If you are under 65 and disabled, you will have hospital insurance protection automatically when you have been entitled to Social Security disability benefits for 24 months.

If you are a widow or widower between 50 and 65 and you have been disabled at least 2 years but

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haven't applied for disability benefits because you are already getting other Social Security benefits, you may be eligible for hospital insurance. Contact a Social Security office for more information.

If you are a Federal employee and you become disabled before age 65, you may be eligible for Medicare on the basis of your Federal employment. Generally, there is a 29-month waiting period before your hospital insurance protection can start. But, you should contact a Social Security office as soon as you become disabled.

If you have permanent kidney failure

If you, your spouse, or your dependent child needs kidney dialysis or a kidney transplant, contact a Social Security office to apply for Medicare. You can apply by phone or a representative can visit you to take an application if you are unable to go to the office.

If you are eligible for Medicare, your protection will start with the 3rd month after the month you actually begin maintenance dialysis treatments. Under certain conditions, your coverage could start earlier. The people in the Social Security office can tell you exactly when your protection will begin.

Who is eligible for medical insurance

Almost anyone who is 65 or older or who is eligible for hospital insurance can enroll for Medicare medical insurance. You don't need any Social Security or Federal work credits to get medical insurance.

How you get medical insurance protection

If you want medical insurance protection, you pay a monthly premium for it. The basic premium is \$15.50 a month in 1986.

Some people are automatically enrolled in medical insurance. Others must apply for it.

Automatic medical insurance enrollment

If you are receiving Social Security benefits or retirement benefits under the railroad retirement system, you will be automatically enrolled for medical insurance—unless you say you don't want it—at the same time you become entitled to hospital insurance.

People who must apply for medical insurance

You will have to apply for medical insurance if you:

- plan to continue working past 65,
- are 65 but aren't eligible for hospital insurance,
- have permanent kidney failure,
- are a disabled widow or widower between 50 and 65 who isn't getting disability checks,
- are eligible for Medicare on the basis of Federal employment, or
- live in Puerto Rico or outside the U.S.

Contact your local Social Security or railroad retirement office for detailed information about medical insurance enrollment.

Your medical insurance enrollment period

There is a 7-month initial enrollment period for medical insurance. This period begins 3 months before the month you first become eligible for medical insurance and ends 3 months after that month.

If you enroll during the first 3 months of your enrollment period, your medical insurance protection will start with the month you are eligible. If you enroll during the last 4 months, your protection will start 1 to 3 months after you enroll.

If you don't take medical insurance during your initial enrollment period, you can sign up during a general enrollment period—January 1 through March 31 of each year. But if you enroll during a general enrollment period, your protection won't start until the following July and your monthly premium will be 10 percent higher than the basic premium for each 12-month period you could have been enrolled but were not.

Special rules apply to workers and their spouses age 65 through 69 who have employer group health coverage. See page 16.

Hospital insurance benefits

Medicare hospital insurance can help pay for inpatient hospital care, inpatient care in a skilled nursing facility, home health care, and hospice care.

Inpatient hospital care

If you need inpatient care, hospital insurance helps pay for up to 90 days in any participating hospital in each benefit period. In 1986, hospital insurance pays for all covered services for the first 60 days, **except for the first \$492**. For the 61st through 90th day, hospital insurance pays for all covered services **except for \$123 a day**.

If you ever need more than 90 days of hospital care in any benefit period, you can use some or all of your 60 non-renewable "reserve days." For each reserve day you use, hospital insurance pays for all covered services **except for \$246 a day.**

Covered services include semiprivate room, all meals, regular nursing services, operating and recovery room costs, hospital costs for anesthesia services, intensive care and coronary care, drugs, lab tests, X-rays, medical supplies and appliances, rehabilitation services, and preparatory services related to kidney transplant surgery.

Skilled nursing facility care

If you need inpatient skilled nursing or rehabilitation services after a hospital stay and meet certain other conditions, hospital insurance helps pay for up to 100 days in a participating skilled nursing facility in each benefit period. In 1986, hospital insurance pays for all covered services for the first 20 days and all **but \$61.50 a day** for up to 80 more days.

Covered services include semiprivate room, all meals, regular nursing services, rehabilitation services, drugs, medical supplies, and appliances.

Home health care

If you are confined to your home and meet certain other conditions, hospital insurance can pay the full approved cost of home health visits from a participating home health agency. There is no limit to the number of covered visits you can have.

Covered services include part-time skilled nursing care, physical therapy, and speech therapy. If you need one or more of those services, hospital insurance also covers part-time services of home health aides, occupational therapy, medical social services, and medical supplies and equipment.

Hospice care

Under certain conditions, hospital insurance can help pay for hospice care for terminally ill beneficiaries if the care is provided by a Medicare-certified hospice.

Special benefit periods apply to hospice care. Hospital insurance can pay for a maximum of two 90-day periods and one 30-day period.

Covered services include doctors' services, nursing services, medical appliances and supplies including outpatient drugs for pain relief, home health aide and homemaker services, therapies, medical social services, short-term inpatient care including respite care, and counseling.

Hospital insurance pays part of the cost of outpatient drugs and inpatient respite care. For all other covered services, hospital insurance pays the full cost.

Medical insurance benefits

Medicare medical insurance helps pay for your doctor's services and a variety of other medical services and supplies that are not covered by hospital insurance. **Most of the services needed by people with permanent kidney failure are covered only by medical insurance.**

Each year, as soon as you meet the annual medical insurance deductible, medical insurance generally will pay 80 percent of the approved charges for covered services you receive during the rest of the year. In 1986, the annual deductible is \$75.

Doctors' services

Medical insurance covers doctors' services no matter where you receive them in the United States. Covered doctors' services include surgical services, diagnostic tests and X-rays that are part of your treatment, medical supplies furnished in a doctor's office, services of the office nurse, and drugs which are administered as part of your treatment and cannot be self-administered.

Outpatient hospital services

Medical insurance covers outpatient hospital services you receive for diagnosis and treatment, such as care in an emergency room or outpatient clinic of a hospital.

Home health visits

Medical insurance can cover an unlimited number of home health visits if all required conditions are met.

Other medical and health services

Under certain conditions or limitations, medical insurance covers other medical services and supplies. Some examples are: ambulance transportation; home dialysis equipment, supplies, and periodic support services; independent laboratory tests; oral surgery; outpatient physical therapy and speech pathology services; and X-rays and radiation treatments.

What Medicare does not cover

Medicare provides basic protection against the high cost of illness, but it will not pay all of your health care expenses. Some of the services and supplies Medicare **cannot** pay for are: custodial care, such as help with bathing, eating, and taking medicine; dentures and routine

dental care; eyeglasses, hearing aids, and examinations to prescribe or fit them; personal comfort items such as a phone or TV in your hospital room; prescription drugs and patent medicines; and routine physical checkups and related tests.

If you have other health insurance

Many private health insurance companies point out that their policies for people who have Medicare are designed only to supplement Medicare. They recommend that their policyholders sign up for Medicare medical insurance to have full protection.

If you have other health insurance, it may not pay for some of the services that are covered by Medicare medical insurance. You should get in touch with your insurer or agent to discuss your health insurance needs in relation to Medicare protection. This is particularly important if you have dependents who are covered under your present policy.

If you have health care protection from the Veterans Administration, the Indian Health Service, a Federal employees' health plan, or a State medical assistance program, the people there probably can help you to decide whether it is to your advantage to have Medicare medical insurance.

Be sure not to cancel any health insurance you now have for your own protection until the month your Medicare coverage begins.

Buying supplemental health insurance

If you are thinking about buying private insurance to supplement Medicare, please make sure it does not simply duplicate your Medicare coverage. If you want help in deciding whether to buy private supplemental insurance, ask at any Social Security office for the pamphlet, *Guide to Health Insurance for People with Medicare*. This free pamphlet describes the various types of supplemental insurance available.

Employer group health plans

Employers with 20 or more employees are required to offer workers and their spouses age 65 through 69 the same health benefits that are offered to younger workers.

If you work past age 65 and accept your employer's health plan, Medicare will be the secondary health insurance payer. If you reject your employer's health plan, Medicare will be the primary health insurance payer.

Also, if you are 65-69 and continue to work (or are a spouse 65-69) and have an employer health plan, you can wait to enroll in Medicare medical insurance during a special enrollment period. You won't have to pay the 10 percent premium surcharge for late enrollment, if you meet certain requirements.

For more information about these special rules, contact your employer or ask any Social Security office for the leaflet, *Medicare and Employer Health Plans*.

If you are entitled to Medicare solely on the basis of permanent kidney failure and you are covered by an employer group health plan, Medicare will be the secondary payer for an initial period of up to 12 months. At the end of the 12-month period, Medicare becomes the primary payer.

Any questions?

If you have any questions about Medicare, please call your local Social Security office. The phone number is listed in your telephone book under "Social Security Administration" or "U.S. Government."

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